<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u>

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>10/12/2</u> 008	Address:	Otto to as TH
Case #:	43F26407	Address:	-1921, 40 31,
County:	BARTHOLOMEW		COLUMBUS, IN.
	-	•	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Operational Lab Chemical/Glassware/Equipment (only)		Residence	Hotel/Motel
Dumpsi	ar Grassware/Equipment (only) te (only)	Outbuilding Vehicle	Open - No Structure Other:
Items Found: Location (bedroom, kitchen, open of a st.)			
Concer an inglappy			
Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: IN CANS AND IN OPEN IN BEDROOM			
Water Reactive Metal (Lithium): <u>IN BEDROOM</u>			
Anhydrous Ammonia: IN SOLUTIONS IN BEDROOM			
Hydrochloric Acid Gas Generator(s): IN BEDROOM			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under and to u			
Yes	age 18 discovered (check one) (number present)	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip	
⊠ No			
	t to Child Protective Services	Uther: Uther: Other: Ot	•
This report is to be faxed to the following agencies that serve the location:			
rue Departme	nt: COLUMBUS FIRE DEPT.	Fax: 812-376-2	
Health Department: BARTHOLOMEW CO.		Fax: <u>812-379-</u> 1	1040
Child Protection	on Service: <u>N/A</u>	Fax: N/A	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: TRP, MARTIN A. MEAD Phone 812-522-1441			

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This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.